

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 KAREN B. CHAPPELLE
Supervising Deputy Attorney General
3 GLORIA A. BARRIOS, State Bar No. 94811
Deputy Attorney General
4 California Department of Justice
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 897-2540
6 Facsimile: (213) 897-2804

7 Attorneys for Complainant

8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Petition to Revoke Probation
Against:

Case No. 2003-129

12 LORAN RENEE BLESSING aka LORAN
13 RENEE HALLIGAN BLESSING aka LORAN
BLESSING
14 558 Skyview Street
El Cajon, CA 92020

**ACCUSATION and PETITION TO
REVOKE PROBATION**

15 Registered Nurse License No. 482088

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Ruth Ann Terry, M.P.H, R.N (Complainant) brings this Accusation and
21 Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board
22 of Registered Nursing (Board), Department of Consumer Affairs.

23 2. On or about August 31, 1992, the Board issued Registered Nurse License
24 No. 482088 to Loran Renee Blessing aka Loran Renee Blessing aka Loran Blessing
25 (Respondent). The Registered Nurse License expired on December 31, 2003, unless renewed.

26 3. In a disciplinary action entitled "In the Matter of the Petition for
27 Reinstatement, Loran Renee Blessing," the Board issued its decision, effective June 24, 2006, in
28 which Respondent's Registered Nurse License was issued, revoked, revocation stayed, and

1 placed on probation for a period of three (3) years with certain terms and conditions. A copy of
2 that decision is attached as Exhibit A and is incorporated by reference.

3 JURISDICTION

4 4. This Accusation and Petition to Revoke Probation is brought before the
5 Board, under the authority of the following laws. All section references are to the Business and
6 Professions Code unless otherwise indicated.

7 STATUTORY PROVISIONS

8 5. Section 118 of the Code states:

9 “(b) The suspension, expiration, or forfeiture by operation of law of a license
10 issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the
11 board or by order of a court of law, or its surrender without the written consent of the board, shall
12 not, during any period in which it may be renewed, or restored, reissued, or reinstated, deprive
13 the board of its authority to institute or continue a disciplinary against the licensee upon any
14 ground provided by law or to enter an order suspending or revoking the license or otherwise
15 taking disciplinary action against the licensee on any such ground.”

16 6. Section 2750 of the Code states:

17 “Every certificate holder or licensee, including licensees holding temporary
18 licenses, or licensees holding licenses placed in an inactive status, may be disciplined as provided
19 in this article [Article 3 of the Nursing Practice Act (Bus. & Prof Code, § 2700 et seq.)]. As used
20 in this article, “license” includes certificate, registration, or any other authorization to engage in
21 practice regulated by this chapter. The proceedings under this article shall be conducted in
22 accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2
23 of the Government Code [the Administrative Procedure Act], and the board shall have all the
24 powers granted therein.”

25 7. Section 2761 states:

26 “The board may take disciplinary action against a certified or licensed nurse or
27 deny an application for a certificate or license for any of the following:

28 (a) Unprofessional conduct, which includes, but is not limited to, the following:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

....

(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter [the Nursing Practice Act] or regulations adopted pursuant to it.”

....

(f) Conviction of a felony or of any offense substantially related to the qualifications, functions, and duties of a registered nurse, in which event the record of a conviction shall be conclusive evidence thereof.”

8. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the Code, the Board may renew an expired license at any time within eight years after the expiration.

9. Section 490 of the Code states:

“A board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action with a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.”

10. California Code of Regulations, title 16, section 1444, states:

“A conviction or act shall be considered to be substantially related to the qualifications, functions, or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare.”

1
2 11. Section 125.3 of the Code provides, in pertinent part, that the Board may
3 request the administrative law judge to direct a licensee found to have committed a violation or
4 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
5 and enforcement of the case.
6

7 **ACCUSATION**

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Criminal Conviction)**

10 12. Respondent is subject to disciplinary action under section 2761,
11 subdivisions (a), (d), and (f) of the Code, in conjunction with section 490 as defined in California
12 Code of Regulations, title 16, section 1444, on the grounds of unprofessional conduct in that
13 Respondent was criminally convicted of a crime which is substantially related to the
14 qualifications, functions, or duties of a registered nurse as follows:

15 A. On or about April 9, 2009, Respondent was convicted by the Court on a
16 plea of guilty of violating to Penal Code section 484 (petty theft), misdemeanor, in the Superior
17 Court of the State of California, County of San Diego, East County Division, Case No. C277522,
18 entitled *The People of the State of California v. Loran Blessing*.

19 B. The circumstances surrounding the conviction are that on or about January
20 16, 2008, Respondent was arrested for shop lifting at Target, located in the city of El Cajon.

21 **PETITION TO REVOKE PROBATION**

22 **CAUSE TO REVOKE PROBATION**

23 **(Violation of Administrative Decision and Order)**

24 13. Respondent is subject to having her probation and license revoked, in that
25 Respondent violated certain terms and conditions of probation, as follows:

26 At all times after the effective date of Respondent's probation, Conditions 1, 2, 3,
27 14, 15, 17, 18, and 19 of the Board's Administrative Decision and Order stated:

28 ///

1 **Condition 1: Obey all Laws.** "Respondent shall obey all federal, state and local
2 laws. A full and detailed account of any and all violations of law shall be reported by the
3 Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit
4 monitoring of compliance with this condition, Respondent shall submit completed fingerprint
5 forms and fingerprint fees within 45 days of the effective date of the decision, unless previously
6 submitted as part of the licensure application process."

7 **Condition 2: Comply with the Board's Probation Program.** "Respondent shall
8 fully comply with the conditions of the Probation Program established by the Board and
9 cooperate with representatives of the Board in its monitoring and investigation of the
10 Respondent's compliance with the Board's Probation Program. Respondent shall inform the
11 Board in writing within no more than 15 days of any address change and shall at all times
12 maintain an active current license status with the Board, including during any period of
13 suspension."

14 "Upon successful completion of probation, Respondent license shall be fully
15 restored."

16 **Condition 3: Report in Person.** "Respondent, during the period of probation,
17 shall appear in person at interviews/meetings as directed by the Board or its designated
18 representatives"

19 **Condition 14: Physical Examination.** "Within 45 days of the effective date of
20 the decision, Respondent, at her own expense, shall have a licensed physician, nurse practitioner,
21 or physician assistant, who is approved by the Board before the assessment is performed, submit
22 an assessment of the Respondent's physical condition and capability to perform the duties of a
23 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If
24 medically determined, a recommended treatment program will be instituted and followed by the
25 Respondent with the physician, nurse practitioner, or physician assistant providing written
26 reports to the Board on forms provided by the Board.

27 If Respondent is determined to be unable to practice safely as a registered nurse,
28 licensed physician, nurse practitioner, or physician assistant making this determination shall

1 immediately notify the Board and Respondent by telephone, and the Board shall request that the
2 Attorney General's Office prepare an accusation or petition to revoke probation. Respondent
3 shall immediately cease practice and shall not resume practice until notified by the Board.
4 During this period of suspension, Respondent shall not engage in any practice for which a license
5 issued by the Board is required until the Board has notified Respondent that a medical
6 determination permits Respondent to resume practice. This period of suspension will not apply
7 to the reduction of this probationary time period.

8 If the Respondent fails to have the above assessment submitted to the Board
9 within the 45-day requirement, Respondent shall immediately cease practice and shall not resume
10 practice until notified by the Board. This period of suspension will not apply to the reduction of
11 this probationary time period. The Board may waive or postpone this suspension only if
12 significant, documented evidence of mitigation is provided. Such evidence must establish good
13 faith efforts by the Respondent to obtain the assessment, and a specific date for compliance must
14 be provided. Only one such waiver or extension may be permitted."

15 **Condition 15: Participate in Treatment/Rehabilitation Program for Chemical**
16 **Dependence.** "Respondent, at her own expense, shall successfully complete during the
17 probationary period or shall have successfully completed prior to commencement of probation a
18 Board-approved treatment/rehabilitation program of at least six months duration. As required,
19 reports shall be submitted by the program on forms provided by the Board. If Respondent has
20 not completed a Board-approved treatment/rehabilitation program prior to commencement of
21 probation, Respondent, within the 45 days from the effective date of the decision, shall be
22 enrolled in the program. If the program is not successfully completed within the first nine
23 months of probation, the Board shall consider Respondent in violation of probation.

24 Based on Board recommendation, each week Respondent shall be required to
25 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics
26 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed
27 by the Board. If a nurse support group is not available, an additional 12-step recovery meeting or
28 equivalent shall be added. Respondent shall submit dated and signed documentation confirming

1 such attendance to the Board during the entire period of probation. Respondent shall continue
2 with the recovery plan recommended by the treatment/rehabilitation program or a licensed
3 mental health examiner and/or other ongoing recovery groups.”

4 Condition 17: Submit to Tests and Samples. “Respondent, at her expense shall
5 participate in a random, biological fluid testing or a drug screening program which the Board
6 approves. The length of time and frequency will be subject to approval by the Board.
7 Respondent is responsible for keeping the Board informed of Respondent’s current telephone
8 number at all times. Respondent shall also ensure that messages may be left at the telephone
9 number when she is not available and ensure that reports are submitted directly by the testing
10 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately
11 to the Board by the program and Respondent shall be considered in violation of probation.”

12 “In addition, Respondent, at any time during the period of probation, shall fully
13 cooperate with the Board or any of its representatives, and shall, when requested, submit to such
14 tests and samples as the Board or its representatives may require for the detection of alcohol,
15 narcotics, hypnotics, dangerous drugs, or other controlled substances.”

16 “If Respondent has a positive drug screen for any substance not legally
17 authorized and not reported to the coordinating physician, nurse practitioner, or physician
18 assistant, and the Board files a petition to revoke probation or an accusation, the Board may
19 suspend Respondent from practice pending the final decision on the petition to revoke probation
20 or the accusation. This period of suspension will not apply to the reduction of this probationary
21 time period.”

22 “If Respondent fails to participate in a random, biological fluid testing or drug
23 screening program within the specified time frame, Respondent shall immediately cease practice
24 and shall not resume practice until notified by the Board. After taking into account documented
25 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the
26 Board may suspend Respondent from practice pending the final decision on the petition to
27 revoke probation or an accusation. This period of suspension will not apply to the reduction of
28 this probationary time period.”

1 **Condition 18: Mental Health Examination.** "The Respondent shall, within 45
2 days of the effective date of this decision, have a mental health examination including
3 psychological testing as appropriate to determine her capability to perform the duties of a
4 registered nurse. The examination will be performed by a psychiatrist, psychologist or licensed
5 mental health practitioner approved by the Board. The examining mental health practitioner will
6 submit a written report of that assessment and recommendation to the Board. All costs are the
7 responsibility of the Respondent. Recommendations for treatment, therapy or counseling made
8 as a result of the mental health examination will be instituted and followed by the Respondent.

9 If Respondent is determined to be unable to practice safely as a registered nurse,
10 licensed mental health practitioner making this determination shall immediately notify the Board
11 and Respondent by telephone, and the Board shall request that the Attorney General's Office
12 prepare an accusation or petition to revoke probation. Respondent shall immediately cease
13 practice and may not resume practice until notified by the Board. During this period of
14 suspension, Respondent shall not engage in any practice for which a license issued by the Board
15 is required until the Board has notified Respondent that a mental health determination permits
16 Respondent to resume practice. This period of suspension will not apply to the reduction of this
17 probationary time period.

18 If the Respondent fails to have the above assessment submitted to the Board
19 within the 45-day requirement, Respondent shall immediately cease practice and shall not resume
20 practice until notified by the Board. This period of suspension will not apply to the reduction of
21 this probationary time period. The Board may waive or postpone this suspension only if
22 significant, documented evidence of mitigation is provided. Such evidence must establish good
23 faith efforts by the Respondent to obtain the assessment, and a specific date for compliance must
24 be provided. Only one such waiver or extension may be permitted."

25 **Condition 19: Therapy or Counseling Program.** "Respondent at her expense,
26 shall participate in an on-going counseling program until such time as the Board releases her
27 from this requirement and only upon the recommendation of the counselor. Written progress
28 reports from the counselor will be required at various intervals."

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

2
3

4
5

6
78
9

10

13
14

17

19

22
23

25

26

26

27


1 1. Revoking the probation that was granted by the Board of Registered
2 Nursing in Case No. 2003-129 and imposing the disciplinary order that was stayed thereby
3 revoking Registered Nurse License No. 482088 issued to Loran Renee Blessing aka Loran
4 Renee Blessing aka Loran Blessing;

5 2. Revoking or suspending Registered Nurse License No. 482088, issued to
6 Loran Renee Blessing aka Loran Renee Blessing aka Loran Blessing;

7 3. Ordering Loran Renee Blessing aka Loran Renee Blessing aka Loran
8 Blessing pay the Board of Registered Nursing the reasonable costs of the investigation and
9 enforcement of this case, pursuant to Business and Professions Code section 125.3;

10 4. Taking such other and further action as deemed necessary and proper.

11 DATED: 5/15/09

12
13
14 
RUTH ANN TERRY, M.P.H., R.N.
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant
15
16
17
18

19 LA2007600383
20 BLES.PET.WPD
21
22
23
24
25
26
27
28

Exhibit A

Decision and Order

Board of Registered Nursing Case No. 2005-151

Exhibit A

Decision and Order

Board of Registered Nursing Case No. 2005-151

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for
Reinstatement:

LORAN RENEE BLESSING

Registered Nurse License No. 482088

Petitioner.

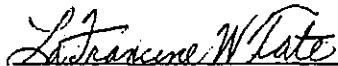
OAH No. L2006030557

DECISION

The attached Decision of the Board of Registered Nursing is hereby adopted by the Board as its Decision in the above-entitled matter.

This Decision shall become effective on June 24, 2006.

IT IS SO ORDERED this 25th day of May 2006.



President
Board of Registered Nursing
Department of Consumer Affairs
State of California

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

LORAN RENEE BLESSING,

Petitioner.

OAH No. L2006030557

DECISION

This matter was heard by a quorum of the Board of Registered Nursing (Board) on April 6, 2006, in Torrance, California. The Board members who participated in the hearing and decision were LaFrancine Tate, Public Member, President; Grace Corse, RN, Vice President; Carmen Morales-Board, MSN, NP, RN; Elizabeth O. Dietz, Ed.D., RN, CS-NP; Mary C. Hayashi, Public Member; Orlando H. Pile, M.D.; and Susanne Phillips, MSN, RN, APRN-BC, FNP. Eric Sawyer, Administrative Law Judge, Office of Administrative Hearings, State of California, presided.

Petitioner was present and represented herself.

Gloria Barrios, Deputy Attorney General, appeared on behalf of the Attorney General of the State of California.

The petition and other relevant documents were presented. Petitioner and the Deputy Attorney General made oral presentations to the Board. Petitioner responded to questions of Board members and the Deputy Attorney General. The record was closed, the Board met in executive session, and the matter was decided on the day of the hearing.

FACTUAL FINDINGS

1. On August 31, 1992, the Board issued Registered Nursing License No. 482088 to Petitioner.

2A. The Board, by a Decision and Order, effective September 19, 2003, accepted Petitioner's stipulated surrender of her license, in resolution of Board case no. 2003-129, in which Petitioner also agreed that upon reinstatement of her license she would pay the Board costs in the amount of \$4,370.00 pursuant to a payment plan approved by the Board.

2B. The basis of the Board's discipline was Petitioner's admission, in her stipulated surrender, of the truth of the allegations contained in the Accusation in Board case no. 2003-129. Primarily, the Accusation alleged that in 2001, Petitioner engaged in the following misconduct: she made grossly incorrect, inaccurate or unintelligible entries in hospital and patient records pertaining to the controlled substances Demerol and Morphine; and she unlawfully obtained controlled substances without a prescription.

3. The petition was filed with the Board on January 9, 2006.

4. Petitioner surrendered her license after realizing she was addicted to painkillers and would have posed as a danger to the public as a nurse. In September of 2003, Petitioner successfully completed the Kaiser Permanente Chemical Dependency Recovery Program. Her sobriety date is August 17, 2003. Petitioner adheres to a 12-step program, faithfully attends 4 to 6 A.A. meetings each week and remains in constant contact with her sponsor. Petitioner herself is a sponsor of another recovering addict. Petitioner submitted evidence of many clean random drug tests taken in the past few years. Petitioner also believes her spirituality is an effective tool to combat her addiction.

5. Since February 2005, Petitioner has remained gainfully employed as an assistant at a skin care clinic. Both her employer and work colleagues have nothing but good things to write about Petitioner as an employee.

6. Petitioner's request for reinstatement is supported by favorable letters of reference from her current employer, her supervisor and colleagues at work, a client, her A.A. sponsor and a pharmacist familiar with her situation.

7. By December 2003, Petitioner had completed 30 hours of continuing professional education in nursing.

8. Petitioner expressed to the Board during the hearing sincere remorse for her misconduct. She was candid in her description of her drug addiction and recovery, including how she lost her career, husband and family to drugs. She now shares joint custody of her three children with her ex-husband, and has re-married. Petitioner testified that part of her problem was that she did not know how to deal with the stress of having three children, a career and the demanding environment of an emergency room. Petitioner now feels able to recognize when she begins to feel stress and has a plan for reducing the stress and focusing on her sobriety. She also plans to not work in emergency rooms or where controlled substances are on site. The Board is impressed that Petitioner now understands her addiction and how to effectively battle it.

LEGAL CONCLUSIONS

1. Petitioner has the burden of establishing by clear and convincing evidence that she is entitled to the requested relief. (Bus. & Prof. Code, § 2760.1, subd. (b).)

2. Petitioner clearly and convincingly established that cause exists to reinstate her license, pursuant to Business and Professions Code section 2760.1, and California Code of Regulations, title 16, section 1445. Petitioner demonstrated to the Board a sufficient period of sobriety and that she is in control of her drug addiction. No evidence of misconduct subsequent to her discipline was presented. Petitioner demonstrated during the hearing remorse for her past misconduct and a positive attitude about her current situation. Under these circumstances, the Board is satisfied that public protection will not be jeopardized by reinstating Petitioner's license. (Factual Findings 1-8.)

3. However, the public will be fully protected only if such reinstatement is on a probationary basis. Both Government Code section 11522, and Business and Professions Code section 2760.1, subdivision (e), provide the Board with the authority to reinstate a previously revoked license upon appropriate "terms and conditions." In this case, Petitioner's past misconduct was the result of a drug addiction and she has been sober for less than three years. Thus, a three-year probation is warranted, with terms and conditions including that she comply with the Board's addiction recovery program and pay the Board full costs from the prior disciplinary action. (Factual Findings 1-8.)

ORDER

The petition of Loran Renee Blessing (hereinafter Respondent) for reinstatement of licensure is hereby GRANTED. A license shall be issued to Respondent. Said license shall immediately be revoked, the order of revocation STAYED, and Respondent placed on PROBATION for a period of THREE (3) YEARS under the following terms and conditions:

SEVERABILITY CLAUSE

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(1) OBEY ALL LAWS

Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

CRIMINAL COURT ORDERS: If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

(2) COMPLY WITH THE BOARD'S PROBATION PROGRAM

Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, respondent's license shall be fully restored.

(3) REPORT IN PERSON

Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the Board or its designated representatives.

(4) RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE

Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he or she resides outside of California. The respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where he or she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if he/she applies for or obtains a new nursing license during the term of probation.

(5) SUBMIT WRITTEN REPORTS

Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

(6) FUNCTION AS A REGISTERED NURSE

Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and the respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply.

(7) EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS

Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to his or her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after he or she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after he or she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

(8) SUPERVISION

Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) **Maximum** - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) **Moderate** - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) **Minimum** - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.
- (d) **Home Health Care** - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

(9) EMPLOYMENT LIMITATIONS

Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

(10) COMPLETE A NURSING COURSE(S)

Respondent, at his or her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

(11) COST RECOVERY

Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$4,370.00. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation will apply.

(12) VIOLATION OF PROBATION

If a respondent violates the conditions of his/her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

(13) LICENSE SURRENDER

During respondent's term of probation, if he or she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender his or her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

1. Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
2. One year for a license surrendered for a mental or physical illness.

(14) PHYSICAL EXAMINATION

Within 45 days of the effective date of this decision, respondent, at his/her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for

which a license issued by the Board is required until the Board has notified respondent that a medical determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(15) PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE

Respondent, at his/her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

(16) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

(17) SUBMIT TO TESTS AND SAMPLES

Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

(18) MENTAL HEALTH EXAMINATION

The respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine his/her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by the respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

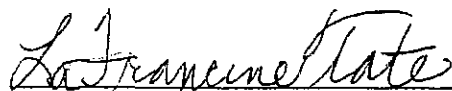
If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(19) THERAPY OR COUNSELING PROGRAM

Respondent, at his/her expense, shall participate in an on-going counseling program until such time as the Board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

IT IS SO ORDERED. This Decision shall be effective June 24, 2006.

Dated: 5/25/06


LaFrancine Tate, President,
Board of Registered Nursing
Department of Consumer Affairs
State of California

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Case No. 2003-129

In the Matter of the Accusation Against:

LORAN RENEE HALLIGAN BLESSING

Registered Nurse License No. 482088

Respondent.

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing of the Department of Consumer Affairs, as its Decision in the above-entitled matter.

This Decision shall become effective on 17 September 19, 2003.

It is so ORDERED August 19, 2003.

Sandra R. Erickson

FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

1 BILL LOCKYER, Attorney General
of the State of California
2 LINDA K. SCHNEIDER, State Bar No. 101336
Deputy Attorney General
3 California Department of Justice
110 West "A" Street, Suite 1100
4 San Diego, CA 92101

5 P.O. Box 85266
San Diego, CA 92186-5266

6 Telephone: (619) 645-3037
7 Facsimile: (619) 645-2061

8 Attorneys for Complainant

9 **BEFORE THE**
10 **BOARD OF REGISTERED NURSING**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 2003-129

13 LORAN RENEE HALLIGAN BLESSING
6429 Gem Lake Avenue
14 San Diego, CA 92119

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 Registered Nurse License No. 482088

16 Respondent.

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties in this
19 proceeding that the following matters are true:

20 **PARTIES**

21 1. Complainant Ruth Ann Terry, M.P.H., R.N. is the Executive Officer of the
22 Board of Registered Nursing. She brought this action solely in her official capacity and is
23 represented in this matter by Bill Lockyer, Attorney General of the State of California, by Linda
24 K. Schneider, Deputy Attorney General.

25 2. Loran Renee Halligan Blessing ("Respondent") is represented in this
26 proceeding by attorney, John G. Phillips, whose address is 1010 Second Avenue, Suite 1840, San
27 Diego, CA 92101, (619) 234-0163.

28 ///

3. On or about August 31, 1992, the Board of Registered Nursing issued Registered Nurse License No. 482088 to Loran Renee Halligan Blessing. The license was in full force and effect at all times relevant to the charges brought in Accusation No. 2003-129 and will expire on December 31, 2004, unless renewed.

JURISDICTION

4. Accusation No. 2003-129 was filed before the Board of Registered Nursing ("Board"), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation, together with all other statutorily required documents, was properly served on Respondent on December 16, 2002. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 2003-129 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read and discussed with her counsel the nature of the charges and allegations contained in Accusation No. 2003-129. Respondent also has read and carefully considered this Stipulated Surrender of License and understands the effect it will have on her ability to practice.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

111

/ / /

///

1

2

5

8

9

12

16

24

14. The surrender of Respondent's nursing license and the formal acceptance of the license surrender by the Board constitute imposition of discipline against Respondent. The instant stipulation shall constitute a record of such discipline and shall become a part of Respondent's license history with the Board.

15. Respondent understands and agrees that upon reinstatement of the license, she shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of Four Thousand Three Hundred Seventy Dollars (\$4,370.00). Respondent shall be permitted to pay these costs in a payment plan approved by the Board.

RESERVATION

16. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board of Registered Nursing or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

17. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that the Board of Registered Nursing's staff and counsel for Complainant may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. If the Board fails to adopt this stipulation as its Order, the Stipulated Surrender of License Order shall be of no force or effect, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action in this matter by virtue of its consideration of this stipulation.

18. The parties agree that facsimile copies of this Stipulated Surrender of License and Order, including facsimile signatures thereto, shall have the same force and effect as the original Stipulated Surrender of License and Order and signatures.

///

///

///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
84

2
3
4
5
6
7
8

9
10
11

12

13
14
15

1
1
1

2

2
2
2

2

2

2

2

2

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

DATED: 5/8/03

BILL LOCKYER, Attorney General
of the State of California



LINDA K. SCHNEIDER
Deputy Attorney General

Attorneys for Complainant

Exhibit A
Accusation No. 2003 82

1 BILL LOCKYER, Attorney General
of the State of California
2 LINDA K. SCHNEIDER, State Bar No. 101336
Deputy Attorney General
3 California Department of Justice
110 West "A" Street, Suite 1100
4 San Diego, CA 92101
5 P.O. Box 85266
San Diego, CA 92186-5266
6 Telephone: (619) 645-3037
7 Facsimile: (619) 645-2061
8 Attorneys for Complainant

9
10 BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
11 STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:
13 LORAN RENEE HALLIGAN BLESSING
6429 Gem Lake Avenue
14 San Diego, CA 92119
15 Registered Nurse License No. 482088,
16 Respondent.

Case No. 2003-129
ACCUSATION

17
18
19 Complainant alleges:

20 PARTIES

- 21 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation solely
22 in her official capacity as the Executive Officer of the Board of Registered Nursing, Department
23 of Consumer Affairs.
24 2. On or about August 31, 1992, the Board of Registered Nursing ("Board")
25 issued registered nurse license No. 482088 to Loran Renee Halligan Blessing ("Respondent").
26 The registered nurse license will expire on December 31, 2003, unless renewed.

27 ///

28 ///

1

2

6

10

12

14

1.

2

2

14

1 DRUGS

2 8. "Demerol," a brand of meperidine hydrochloride, a derivative of pethidine, is
3 a Schedule II controlled substance as designated by Health and Safety Code section
4 11055(c)(17).

5 9. "Morphine" is a Schedule II controlled substance as designated by Health and
6 Safety Code section 11055(b)(1)(M).

7
8 FIRST CAUSE FOR DISCIPLINE

9 (Inaccurate Record Keeping for Controlled Substances)

10 10. Respondent has subjected her license to disciplinary action for unprofessional
11 conduct under Code section 2761, subdivision (a) and section 2762, subdivision (e), in that she
12 made grossly incorrect, grossly inconsistent, or unintelligible entries in hospital and patient
13 records pertaining to the controlled substances, Demerol and Morphine. The circumstances are:

14 a. During the period of February 3, 2001 through February 21, 2001,
15 Respondent was employed as a registered nurse at University of California San Diego Medical
16 Center, Thornton Hospital, in the emergency room. In this capacity, Respondent checked out
17 various doses of Demerol and Morphine to administer to various patients, but in doing so,
18 Respondent did not comply with physician's orders, failed to obtain physicians' signatures for
19 verbal orders, failed to document the administration of the controlled substances, and
20 inaccurately charted the administration of the narcotics.

21 b. A Thornton pharmacist noticed that Respondent was withdrawing
22 more narcotics than other nurses working in Thornton's Emergency Room Department and so
23 the Medical Center performed an audit of Respondent's Pyxis System narcotic withdrawal
24 reports. Respondent's Pyxis System narcotic withdrawal reports for the period were compared
25 with the medical records of seven patients for whom Respondent recorded in the Pyxis System
26 she had withdrawn Demerol and Morphine. The audit revealed that Respondent's charting of the

27 ///

28 ///

1 administration of these drugs was not accurate. The comparison revealed the following
2 discrepancies between the hospital and patient records:¹

3 c. Patient A (Female, DOB 6/9/75)

4 During the period of February 5, 2001, 2340 hours, to February 6,
5 2001, 0400 hours, patient A was treated in Thornton's emergency room for a chief complaint of
6 low back pain after getting out of bed, and having had a past history of back surgeries.
7 Physician's orders for medications recorded on February 6, 2001 at 0025 were to give 100 mg
8 Demerol immediately and then 50 mg Demerol every 15 minutes thereafter as needed for pain.
9 At 0340 an additional order was made to give a single dose of 75 mg Demerol. Respondent
10 checked out the following doses of Demerol from the Pyxis machine and charted the
11 administration of the doses for patient A as follows:

12 <u>Demerol checked out from Pyxis</u>	13 <u>Entries in Patient A's Records</u>
14 (100 mg withdrawn by N.D.)	0006 - 100 mg Demerol given by Respondent
15 0005 - 50 mg withdrawn by Respondent	0030 - 50 mg Demerol given by Respondent
16 0017 - 50 mg withdrawn by Respondent	0045 - 50 mg Demerol given by Respondent
17 0026 - 50 mg withdrawn by Respondent	0100 - 50 mg Demerol given by Respondent
18 0048 - 100 mg withdrawn by Respondent	Not charted as given
19 0121 - 100 mg withdrawn by Respondent	0200 - 50 mg Demerol given by Respondent
20 0227 - 50 mg withdrawn by Respondent	0215 - 50 mg Demerol given by Respondent
21 0242 - 50 mg withdrawn by Respondent	0240 - 50 mg Demerol given by Respondent
	0255 - 50 mg Demerol given by Respondent

22 Respondent withdrew 100 mg of Demerol and did not record in the
23 patient's record that the dosage was given to the patient. The 100 mg dosage of Demerol
24 withdrawn by Respondent at 0048 was not contained in the physician's orders for patient A.
25 ///

26
27 1. The names of the seven patients have been redacted from the patient and hospital
28 records and replaced with alpha characters A through G to protect the confidentiality of the
patients.

1 d. Patient B (Female, DOB 2/12/79)

2 Patient B was treated in the Thornton emergency room during the
3 period of February 13, 2001, 1350 hours through 2155 hours. There is no written physician's
4 order for Demerol in the patient's record, but Respondent charted the following verbal
5 medication orders: "1640 - 50 mg Demerol per v.o. Dr. Killeen, 1646 - 25 mg Thenergan per v.o.
6 Dr. Killeen, and 1734 - 75 mg Demerol per v.o. Dr. Killeen." The patient's records do not show
7 that the verbal orders were authenticated or co-signed by a physician. The only written
8 medication order was at 1540 for 600 mg of Motrin. Respondent checked out the following
9 doses of Demerol from the Pyxis machine and charted the administration of the doses for patient
10 B as follows:

11 <u>Demerol checked out from Pyxis</u>	<u>Entries in Patient B's Records</u>
12 1630 - 100 mg withdrawn	
13 1635 - 50 mg wasted	1640 - 50 mg given by Respondent
14 1713 - 50 mg withdrawn	
15 1746 - 50 mg wasted	
16 1716 - 75 mg withdrawn	1734 - 75 mg given by Respondent
17 2031 - 50 mg withdrawn	
18 2047 - 25 mg wasted	2055 - 25 mg given by Respondent

19 The records for patient B show that Respondent administered
20 Demerol to the patient without valid physician's orders because the verbal orders recorded by
21 Respondent in the patient's records were not authenticated or co-signed by a physician.

22 e. Patient C

23 During the period of February 18, 2001 2115 hours to February 19,
24 2001 0200 hours, patient C was treated in Thornton's emergency room for a chief complaint of
25 headache and neck pain following a motor vehicle accident. Physician's orders for medications
26 were to administer 50 mg Demerol and 25 mg Phenegan at 2115 and administer 50 mg Demerol
27 at 2150. Respondent checked out the following doses of Demerol from the Pyxis machine and
28 charted the administration of the doses for patient C as follows:

1 Demerol checked out from Pyxis Entries in Patient C's Records

2 2131 - 100 mg withdrawn 2150 - 50 mg given
3 2230 - 50 mg given
4 2238 - 50 mg withdrawn Not charted as given

5 Respondent withdrew 50 mg of Demerol at 2238 without a
6 physician's order and did not record in the patient's record that the dosage was given.

7 f. Patient D (Female, DOB 4/23/56)

8 During the period of February 19, 2001, 2045 hours, to February
9 20, 2001, 0400 hours, patient D was treated in Thornton's emergency room for a chief complaint
10 of severe left cheek and forehead pain due to sinus infection. Physician's orders for medications
11 were to administer 75 mg Demerol 3 times and then 100 mg Demerol 2 times. Respondent
12 checked out the following doses of Demerol from the Pyxis machine and charted the
13 administration of the doses for patient D as follows:

14 Demerol checked out from Pyxis Entries in Patient D's Records

15 0006 - 75 mg withdrawn 0008 - 75 mg given
16 0028 - 75 mg withdrawn 0030 - 75 mg given
17 0044 - 75 mg withdrawn 0050 - 75 mg given
18 0058 - 75 mg withdrawn 0020 - 75 mg given (38 minutes before it is
19 withdrawn)
20 0150 - 100 mg withdrawn 0145 - 100 mg given (5 minutes before it is
21 withdrawn)
22 0314 - 100 mg withdrawn 0315 - 100 mg given

23 Respondent administered a total of 500 mg of Demerol to the
24 patient when the physician's orders provided for a total of 425 mg of Demerol. Also,
25 Respondent charted having given Demerol twice before the times she withdrew the doses.

26 g. Patient E (71 year old male)

27 On or about February 20, 2001 patient E was treated in Thornton's
28 emergency room for a chief complaint of back pain, with a history of back pain for 3 years.

1 Physician's orders for Demerol was for a single dose of 75 mg. Respondent charted a verbal
2 order for 50 mg Demerol in patient E's records, but the verbal order was never authenticated or
3 co-signed by a physician. The following doses of Demerol were withdrawn from the Pyxis
4 machine and were charted in patient E's medical records as follows:

5 <u>Demerol checked out from Pyxis</u>	<u>Entries in Patient E's Records</u>
6 1918 - 75 mg withdrawn by T.S.	1923 - 75 mg given by T.S.
7 1938 - 50 mg withdrawn by Respondent	1940 - 50 mg given by Respondent

8 The records for patient E show that Respondent administered 50
9 mg Demerol to the patient without a valid physician's order because the verbal order recorded by
10 Respondent was not authenticated or co-signed by a physician.

11 h. Patient F (Male, DOB 10/28/51)

12 During the period of February 20, 2001, 1947 hours, to February
13 21, 2001, 0400 hours, patient F was treated in Thornton's emergency room for a chief complaint
14 of abdominal pain for several days. Physician's orders were written after medication was
15 administered. The physicians orders included 225 mg Demerol. Respondent recorded a verbal
16 order in the patient's chart: "0400 - 15 mg Morphine." However, the verbal order for Morphine
17 was not authenticated or co-signed by a physician. Respondent checked out the following doses
18 of controlled substances from the Pyxis machine and charted the administration of the doses for
19 patient F as follows:

20 <u>Narcotics checked out from Pyxis</u>	<u>Entries in Patient F's Records</u>
21 0014 - 75 mg Demerol withdrawn	0010 - 75 mg given (4 minutes before withdrawn)
22 0029 - 75 mg Demerol withdrawn	0037 - 75 mg given
23 0218 - 75 mg Demerol withdrawn	0205 - 75 mg given (13 minutes before 24 withdrawn)
25 0300 - 75 mg Demerol withdrawn	0220 - 75 mg given (40 minutes before 26 withdrawn)

27 ///

28 ///

1 0356 - 10 mg Morphine withdrawn

2 0357 - 4 mg Morphine withdrawn

0357 - 15 mg Morphine given (1 mg more than
was withdrawn)

3
4 Respondent administered 300 mg Demerol to the patient when
5 only 225 mg had been ordered, administered 15 mg Morphine when she withdrew only 14 mg
6 Morphine, administered Morphine to the patient without a valid physician's order and
7 administered three doses of 75 mg Demerol to the patient before she withdrew the doses from the
8 Pyxis machine.

9 i. Patient G (DOB 6/24/75)

10 On February 3, 2001, beginning at 1532 hours, patient G was
11 treated in Thornton's emergency room for a chief complaint of injury to right knee playing
12 soccer. Physician's orders for medications were to administer a total of 20 mg Morphine.
13 Respondent charted a verbal order for an additional 10 mg dose of Morphine at 1651. The verbal
14 order was not authenticated or co-signed by a physician. At 1715 an additional order for 2 mg
15 Versed and 100 mg Fentanyl was written by a physician. The following doses of controlled
16 substances were checked out from the Pyxis machine and the administration of the doses for
17 patient G were charted as follows:

18 Narcotics checked out from Pyxis

Entries in Patient G's Records

19 1520 - 10 mg Morphine withdrawn

20 by Respondent

1539 - 6 mg Morphine given by T.S.

21

1548 - 4 mg Morphine given by Respondent

22 1536 - 10 mg Morphine withdrawn

1610 - 5 mg Morphine given by T.S.

23 by Respondent

1705 - 5 mg given by T.S.

24 1651 - 10 mg Morphine withdrawn

1755 - 5 mg given by Respondent

25 by Respondent

1830 - 5 mg given by Respondent

26 1716 - 2 mg Versed withdrawn by T.B.

1720 - 2 mg Versed given by T.S.

27 1717 - 100 mg Fentanyl withdrawn by T.B.

1722 - 100 mg Fentanyl given by Respondent

28 ///

Respondent recorded in the patient's records that she administered two 5 mg does of Morphine between 1735 and 1830 without a valid physician's order because the verbal order recorded by Respondent in the patient's record was not authenticated or co-signed by a physician. Also, Respondent's administration of these additional, undocumented doses of Morphine occurred shortly after the patient had been given 2 mg Versed and 100 mg Fentanyl pursuant to orders which were written by the attending physician.

SECOND CAUSE FOR DISCIPLINE

(Obtain Controlled Substances In Violation of Law)

11. Respondent has subjected her license to disciplinary action for unprofessional conduct under Code section 2761, subdivision (a) and section 2762, subdivision (a), in that she made obtained controlled substances in violation of law. The circumstances are:

a. Paragraphs 10 (a), (b), (c) and (e) of the First Cause for Discipline are incorporated herein as though fully set forth.

b. On February 6, 2001 at 0048 hours, Respondent withdrew 100 mg of Demerol from the Pyxis System for patient A, but did not administer the medication to the patient.

c. On February 18, 2001 at 2238 hours, Respondent withdrew 50 mg of Demerol from the Pyxis System for patient C, but did not administer the medication to the patient.

d. At all times relevant herein, Respondent did not have a valid prescription for Demerol for her own use.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending registered nurse license No. 482088 issued to Loran Renee Halligan Blesssing 573861;

///

1 2. Ordering Loran Renee Halligan Blessing to pay the Board of Registered
2 Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to
3 Business and Professions Code section 125.3;

4 3. Taking such other and further action as deemed necessary and proper.

5 DATED: 12/02/02

6
7 Ruth Ann Terry
8 RUTH ANN TERRY, M.P.H., R.N.
9 Executive Officer
10 Board of Registered Nursing
11 Department of Consumer Affairs
12 State of California
13
14 Complainant
15
16
17
18
19
20
21
22
23
24
25
26